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CONFIRMATION NO. 3502

SERIAL NUMBER 10/684,494	FILING DATE 10/15/2003  RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. STX-022						
<b>APPLICANTS</b>  Laura LeMire, Catonsville, MD;										
** CONTINUING DATA ***** - None - <i>[Signature]</i>										
** FOREIGN APPLICATIONS ***** - None - <i>[Signature]</i>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/23/2004										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">           Foreign Priority claimed            35 USC 119 (a-d) conditions met            Verified and Acknowledged         </td> <td style="width: 20%; border-bottom: 1px solid black;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Examiner's Signature _____ Initials _____         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           STATE OR COUNTRY MD         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           SHEETS DRAWING 3         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           TOTAL CLAIMS 20         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           INDEPENDENT CLAIMS 4         </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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<b>ADDRESS</b> 28970 PILLSBURY WINTHROP SHAW PITTMAN LLP 1650 TYSONS BOULEVARD MCLEAN , VA 22102										
<b>TITLE</b> Reversible shin guard										
FILING FEE  RECEIVED 493	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>			<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____
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